

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/596824</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2	1		1										
3		2		1									
4		2		1									
5		2		1									
6		1		1									
7		1		1									
8		①		1									
9		①		1									
10		①		1									
11		①		1									
12		①		1									
13		①		1									
14		①		1									
15	1		1										
16		1		1									
17		1		1									
18		①		1									
19		①		1									
20	1		1										
21		1		1									
22		2		1									
23		2		1									
24		①		1									
25		①		1									
26	1		1										
27		1		1									
28		2		1									
29		2		1									
30		2		1									
31		2		1									
32	1		1										
33		1		1									
34		2		1									
35		2		1									
36		1		1									
37		①		1									
38		①		1									
39		①		1									
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44		①		1									
45		①		1									
46		①		1									
47		①		1									
48		①		1									
49		①		1									
50		①		1									
TOTAL IND.	6	↓	6	↓	0	↓							
TOTAL DEP.	55	←	44	←	0	←							
TOTAL CLAIMS	61		50		0								
51		①		1									
52		①		1									
53		①		1									
54		①		1									
55		①		1									
56		①		1									
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97													
98													
99													
100													
TOTAL IND.	5	↓	0	↓	0	↓							
TOTAL DEP.	9	←	9	←	0	←							
TOTAL CLAIMS	14		9		0								